



ST-2-DP-X

Attach to Form ST-1-X.

Amended Direct Pay Multiple Site Form

Do not write above this line.

Account ID _____ - _____

Business name _____ This form is for _____
(Reporting period)

Write the figures that should have been filed. You must round your figures to whole dollars.

Base (a) X rate = tax (b)

Site where taxable purchases were made

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X ^(rate) _____ = 4b _____
Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = 5b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X ^(rate) _____ = 4b _____
Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = 5b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X ^(rate) _____ = 4b _____
Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = 5b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X ^(rate) _____ = 4b _____
Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = 5b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X ^(rate) _____ = 4b _____
Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = 5b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X ^(rate) _____ = 4b _____
Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = 5b _____

Page totals
4a _____ 4b _____
5a _____ 5b _____



General Information

Who should file this form?

You should file this form if you need to change information or figures that you filed on your original Form ST-2-DP. You may either

- photocopy your preprinted Form ST-2-DP and make your changes on that form, or
- fill out Form ST-2-DP-X for only those locations whose figures or information you are changing.

Attach this form to your Form ST-1-X.

If you fill out form ST-2-DP-X, follow these instructions:

Write your Illinois account ID previously known as your business tax (IBT) number, business name and amended reporting period on this form.

Write the location code of the site if you know it.

Write the name and address of the site.

Follow the step-by-step instructions for each site whose figures or information you are changing.

Step-By-Step Instructions

When writing your figures, please use whole dollar amounts by dropping amounts of less than 50 cents and increasing amounts of 50 cents or more to the next higher dollar.

Note: For any of the lines 4a through 5b, if you are reducing the amount originally reported to zero, write zero on the line. Leaving the line blank may delay the processing of your return.

Write the appropriate tax rate for your location on the rate lines provided and figure the tax due for each site.

Line 4a General merchandise base

For each site from which you purchased goods using the direct-pay method and for which you are changing figures or information, write the total amount of your purchases. Do not include tax.

Line 4b Multiply Line 4a by the tax rate.

Line 5a Drugs, and medical appliances base

For each site from which you purchased goods using the direct-pay method and for which you are changing figures or information, write the total amount of your purchases of qualifying drugs and medical appliances. Do not include tax.

Line 5b Multiply Line 5a by the tax rate.

Lines 4a through 5b Page totals

You must total each page of Form ST-2-DP-X on which you report purchases.

For each page total line, 4a through 5b, write the sum of the amounts you wrote on the corresponding line for each site. For example, add all of the amounts you wrote on Line 4a and write the sum on the 4a page total line.

For each line number, 4a through 5b, the sum of all page totals you wrote on Form ST-2-DP-X plus the sum of all page totals you wrote on Form ST-2-X must equal the amount on the corresponding line of your Form ST-1-X. For example, the sum of all ST-2-DP-X page totals plus the sum of all ST-2-X page totals for Line 4a must equal the amount on Line 4a of your Form ST-1-X.